



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10004-PBS		
DEFENDANT Oleksiy Sharapka (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE		
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Various Digital Cameras			
	Address (Street or RFD / Apt. # / City, State, and Zip Code)			
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.		
		Number Of Parties To Be Served In This Case.		
		Check Box If Service Is On USA		
<p>SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)</p> <p>PLEASE SEIZE AND MAINTAIN CUSTODY OF THE ABOVE REFERENCED PROPERTY IN ACCORDANCE WITH THE ATTACHED PRELIMINARY ORDER OF FORFEITURE AND APPLICABLE LAW.</p> <p>CATS ID 05-USS-000241</p>				
		JLJ xt 3297		
Signature of Attorney or other Originator requesting service on behalf of <input checked="" type="checkbox"/> Plaintiff Kristina E. Barclay, Assistant U.S. Attorney		Telephone No. (617) 748-3100	Date Aug 3, 2006	
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Sandra L. Kruwe</i>		Date <i>8/18/06</i>		
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY				
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. <i>MA</i>	District to Serve No. <i>MA</i>	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>S. Kruwe</i>	Date <i>8/18/06</i>
I hereby Certify and Return That <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.				
<input checked="" type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.				
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above.)		Date of Service <i>7/14/06</i>	Time of Service <i>11:00</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Signature, Title and Treasury Agency <i>Sandra L. Kruwe CRS USSS-DH</i>				
<p>REMARKS: <i>Seizure # 102-06-006</i></p> <p><i>Listed property taken into USSS custody</i></p>				

TD F 90-22.48 (6/96)